

# COURTYARD<sup>®</sup>

BY MARRIOTT

Courtyard Marriott North Virginia Beach

To: \_\_\_\_\_

From: \_\_\_\_\_

Date: \_\_\_\_\_

## **CREDIT CARD AUTHORIZATION**

Please fill in the following information to allow the Courtyard Virginia Beach North to accept payment for your request.

**Name of guest(s):** \_\_\_\_\_

**Arrival Date:** \_\_\_\_\_ **Number of nights:** \_\_\_\_\_

**Confirmation number(s):** \_\_\_\_\_

### **I authorize the following charges:**

ROOM AND TAX \_\_\_\_\_ FOOD AND BEVERAGE \_\_\_\_\_ PHONE CALLS \_\_\_\_\_ PARKING \_\_\_\_\_ INCIDENTALS \_\_\_\_\_

ALL CHARGES \_\_\_\_\_ OTHER: (PLEASE DEFINE) \_\_\_\_\_

## **CREDIT CARD HOLDER INFORMATION**

(Please print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ CC Number \_\_\_\_\_

CSV Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

This credit card will be used for any outstanding charges at time of guarantee and/or day of request. It will also be used to credit the company or organization following an event if a balance is due.

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_

***Please make a copy of both sides of your credit card and valid identification and attach with this form.***

3737 Atlantic Ave. Virginia Beach VA 23451 **FAX BACK TO: 757-313-6760**

[www.marriott.com/orfof](http://www.marriott.com/orfof)